

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90069 040 ****61.25

DOCUMENT # 766738 1. Entity Name REGATTA POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4301 32ND STREET WEST SUITE A-20 BRADENTON, FL 34205			Mailing Address 4301 32ND STREET WEST SUITE A-20 BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2379159	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent C&S CONDOMINIUM MANAGEMENT SERVICES, INC. 4301 32ND STREET WEST SUITE A-20 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, FRANK 1050 RIVERSIDE DR. #17202 PALMETTO, FL 34221	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, BARBARA 1000 RIVERSIDE DR PALMETTO, FL 34221	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Moquin, Chris 1000 Riverside Dr. B202 Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, MARK 1000 RIVERSIDE DR. B 104 PALMETTO, FL 34221	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATTEUCCI, CHESTER 1000 RIVERSIDE DR SUITE B301 PALMETTO, FL 34221	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Matteucci, Chester 1000 Riverside Dr. B301 B301 Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOQUIN, CHRIS 1000 RIVERSIDE DR SUITE B202 PALMETTO, FL 34221	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Chewning, Jeff 1000 Riverside Dr. B203 Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mark Becker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>5/3/07</u> <u>941-721-4800</u> Date Daytime Phone #		